

DECLARATION COMBINED WITH POWER OF ATTORNEY

Page 1 of 2

Attorney Docket No. 8384P

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PORTABLE PACKAGING DEVICE AND METHOD FOR FORMING INDIVIDUALLY PACKAGED ARTICLES

the specification of which

(check one) is attached hereto.was filed on _____ as United States Application No. or
PCT International Application Serial No. _____
and was amended on _____
(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56.

I hereby claim foreign priority benefits under Title 35 United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed:

<u>Prior Foreign Application(s)</u>			<u>Priority Claimed</u>
<u>(Number)</u>	<u>(Country)</u>	<u>(Day/Month/Year Filed)</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

<u>Application Serial No.</u>	<u>Filing Date</u>	<u>Application Serial No.</u>	<u>Filing Date</u>
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I hereby claim the benefit under Title 35 United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)

As named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Atty Name	Atty Reg Number.	Associate Power of Attorney Attached	
Daniel F. Nesbitt	33,746	[] Yes	[X] No
Steven W. Miller	31,984	[] Yes	[X] No
Ken K. Patel	33,988	[] Yes	[X] No
David M. Weirich	38,361	[] Yes	[X] No
T. David Reed	32,931	[] Yes	[X] No

SEND CORRESPONDENCE TO:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor NABIL SALMAN

Inventor's signature _____

Date

Residence _____

Citizenship _____

Post Office Address _____

Full name of second joint inventor, if any STEFANO M. SINIGAGLIA

Inventor's signature _____

Date

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Full name of third joint inventor, if any ANDREW L. BOUTHILET

Inventor's signature _____

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Full name of fourth joint inventor, if any ROBERT P. CASSONI

Inventor's signature _____

Date

Residence _____

Citizenship _____

Post Office Address _____

(Decl.doc)
REVISED 12/97
PO(Same as Residence) 12/99